

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

Serial No.

Filing Date

Applicant

10/51693

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2			1				52						
3			1				53						
4			1				54						
5			1				55						
6			1				56						
7			1				57						
8			1				58						
9			1				59						
10			1				60						
11			1				61						
12			1				62						
13			1				63						
14			1				64						
15			1				65						
16			1				66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
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26			1				76						
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31			1				81						
32			1				82						
33			1				83						
34			1				84						
35			1				85						
36			1				86						
37			1				87						
38			1				88						
39			1				89						
40			1				90						
41			1				91						
42			1				92						
43			1				93						
44			1				94						
45			1				95						
46			1				96						
47			1				97						
48			1				98						
49			1				99						
50			1				100						
TOTAL IND.			3										
TOTAL DEP.			17										
TOTAL CLAIMS			20										